necessary to note that there is often found a condition that might be termed temporary recovery; for example, after a bullet wound in the brain, the hemiplegia and other symptoms apparently clear up in a surprisingly short time. The wound in the skull closes, the ball, as shown by radiograph, is still lodged in the brain, and the patient goes back to his former manner of life without, apparently, suffering any inconvenience from the foreign body in the brain. Frequently such a patient, after a certain period of wellbeing, will be taken suddenly with severe headache and die of cerebral abscess. Therefore the continued presence of a bullet in the brain is always a matter of grave significance. Prognosis of traumatic hemiplegia is always serious; first, on account of the infirmity, which can persist; second, on account of the apparent and temporary recovery. In regard to treatment, the operative interference in case of hematoma is mentioned. Medicolegally the author lays great weight on the influence of alcohol, both in regard to its being a predisposing cause and on account of the alcoholic state during which so many head wounds are received. A careful and precise clinical history of all the cases upon which this article is based, is included in the text, with critical and explanatory remarks, which make the paper extremely valuable and interesting. SCHWAB.

THE PHYSIOLOGICAL INFLUENCE OF THE DUCTLESS GLANDS. O. T. OSBORNE (New York Medical Society. May, 1900).

The relationship of many diseases of metabolism usually classed as neurotic is so close to the physiology of the ductless glands that the paper of the author is of interest to the neurologist. Dr. Osborne said that of late years we have come to realize that three glands, whose functions were entirely ignored at the beginning of the century, are absolutely necessary to life. These are the pancreas, the thyroid and the suprarenal bodies. It is not improbable that a fourth set of glands, the parathyroids, are also necessary to life. It is important to remember that at forty-five there occurs a physiological under-secretion of the thyroid, and that after this subjects put on weight and arteriosclerotic and fatty degenerative changes in the heart and blood-vessels are liable to occur. At the same time there is increased blood-pressure. In infants, it is probable that there is very little suprarenal secretion. As a result, the vasomotor system is not well under control, and thermotaxis, or heat regulation, is very easily disturbed. The atrophy of the thyroid at forty-five is probably associated with atrophy of other important glandular structures in the body. This glandular atrophy bears some important relation to the occurrence of the menopause. In this connection it is important to remember that 80 per cent. of the cases of Graves' disease occur in women. It is not improbable, therefore, that the thyroid in the female is in a state of much less stable equilibrium as regards its physiological condition than it is in the male. The occurrence of at least temporary enlargement during menstruation and of a certain amount of permanent enlargement after pregnancy in many cases seems to indicate that this unstable equilibrium is associated with the vicissitudes of the sexual system. It is probable that all our dosage in order to make up for the absence of secretion of the ductless glands has been too high. Nature does not supply so much material.

Where gigantism occurs it is practically decided that there is always increased pituitary secretion. Acromegaly always means a perverted secretion of the pituitary body. A number of cases of tumors of the pituitary body have been reported in which no signs of either gigantism or acromegaly could be noted. It is very probable that in these cases some portion of the gland was left unchanged and normal secretion continued. It must be remembered that in all of the examined cases of acromegaly an enlargement of the thyroid existed. This may have been due to a compensatory enlargement with the intention on Nature's part, as it were, of making up for the perverted pituitary secretion. It may, however, have some direct connection with the acromegaly. There are two parts, as will be remembered, to the pituitary body; the hypophysis cerebri and the infundibulum. This latter portion has some connection with the maintenance of the proper constitution of the blood. Howells has noted that it is affected in such diseases as scurvy and in other severe blood dyscrasiæ.

Under the administration of pituitary-gland substance certain of the symptoms of acromegaly are often relieved. The intense earache which occurs so often has been known to disappear. The very severe headache so characteristic of the disease may be greatly relieved. There is a certain fulness of the lips and hands, which may become less while pituitary substance is being taken. This may return after use of pituitary gland is discontinued. Suprarenal-gland material does not raise blood-pressure when it is taken by the stomach, or even when it is administered subcutaneously. It must be put directly into the blood stream by intravenous administration. In this matter a great deal has been said that will undoubtedly injure the cause of suprarenal therapeutics eventually by causing disappointment in the mind of those who trust to the statements of overzealous enthusiasts.

JELLIFFE.

GIGANTISME, ACROMÉGALIE ET DIABÈTE. (Gigantism, Acromegaly and Diabetes.) C. ACHARD and M. LOEPER (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 4. July-August, 1900. p. 398).

A case of acromegaly complicated by diabetes. The measurements of the various parts of the body are tabulated and photographs of the case give an excellent idea of the size of the man. Interesting in this case is the discussion of the relation of gigantism and acromegaly. The symptoms of acromegaly are not marked in this case, the ocular symptoms, the headache, point to an absence of the usual symptoms due to an involvement of the pituitary body. Brissaud believes that acromegaly and gigantism are one and the same disease, the development of which at the period of growth causes gigantism, and afterward causes acromegaly. The condition of glycosuria has been noted before in these cases, sometimes in the form of a simple alimentary glycosuria. The great oscillations in the quantity of sugar is noted in the case, changing in twenty-four hours from 386 to 4 grams. SCHWAB.

HYSTÉRIE ET GOITRE EXOPHTHALMIQUE ALTERNES (Hysteria and Exophthalmic Goitre Alternating). C. FÉRÉ (Nouvelle Iconographie de la Salpêtrière, 13th Year, No. 5, September-October, 1900, p. 494).

A case in which hysteria and exophthalmic goitre are found together, the chief interest of which is rather in the alternation of the localization of the two syndromes than their mere coincidence. The hysterical stigmata predominate on the left, the symptoms of Graves'